

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE								
						APPLICANT(S)									
						10/089425									
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
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TOTAL DEP.	/	/	↔				TOTAL DEP.	↔						↔	↔
TOTAL CLAIMS	/	/	↔				TOTAL CLAIMS								

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